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CONFIRMATION NO. 2819

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|---|---|-------------------------------|---|--|--------------------------------|
| SERIAL NUMBER 10/633,392 | FILING OR 371(c) DATE 08/01/2003 RULE | CLASS 607 | GROUP ART UNIT 3762 | ATTORNEY DOCKET NO. 279.360US2 | |
| APPLICANTS William C. Lincoln, Coon Rapids, MN; Gerrard M. Carlson, Champlin, MN; | | | | | |
| ** CONTINUING DATA ***** This application is a DIV of 09/862,763 05/21/2001 PAT 6,665,564 | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/30/2003 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u> </u> Examiner's Signature <u> </u> Initials | | STATE OR COUNTRY MN | SHEETS DRAWING 5 | TOTAL CLAIMS 21 | INDEPENDENT CLAIMS 4 |
| ADDRESS 21186 | | | | | |
| TITLE Cardiac rhythm management system selecting A-V delay based on interval between atrial depolarization and mitral valve closure | | | | | |
| FILING FEE RECEIVED 852 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |